

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000169569

Entity Name: FRINGE, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

7 PELLICER LANE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

7 PELLICER LANE
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

7 PELLICER LANE
ST. AUGUSTINE, FL 32084

New Mailing Address:

7 PELLICER LANE
ST. AUGUSTINE, FL 32084 US

FEI Number: 20-2042866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF JOHN GALLETTA JR., P.L.
5431 A1A SOUTH
101
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: CALVO, GAIL
Address: 5 ELIZABETH DR W
City-St-Zip: PALM COAST, FL 32137

Title: VS () Delete
Name: HOLMAN, ROBIN
Address: 5 ELIZABETH DR W
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: CALVO, GAIL S MS
Address: 5 ELIZABETH DR W
City-St-Zip: PALM COAST, FL 32137 US

Title: VS (X) Change () Addition
Name: HOLMAN, ROBIN A MS
Address: 5 ELIZABETH DR W
City-St-Zip: PALM COAST, FL 32137 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL CALVO

PT

03/25/2009

Electronic Signature of Signing Officer or Director

Date